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SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

REPORTED BY DAVID W. CHEEVER, M.D., ONE OF THE VISITING SURGEONS.

[Communicated for the Boston Medical and Surgical Journal.]

Fifth Paper.—FOUR CASES OF EXTRAVASATION OF URINE AND PERINEAL SECTION.

CASE I.—*Impermeable Stricture; Perineal Section; Recovery.*—(Under the care of Dr. Cheever.)—May 18th, 1865. T. L., æt. 23, had syphilis a year ago, and no treatment; has lost a good part of the glans penis, and for ten months past has been troubled with a stoppage of urine, every few weeks, increasing in frequency and severity. Now, has passed no water for thirty hours; suffers great pain; cannot stand still a moment. Prepuce found adherent to glans penis, and a very contracted meatus. Smallest size elastic catheter got into bladder, but no urine passed. At 9, P.M., I was called to him and tapped him through the rectum. For the next few days the valvular opening in the rectum relieved the over distension and spasm, and some urine passed by the urethra. No instrument could be got into the bladder.

On the 24th, a capillary bougie was got a little way into the urethra. The patient being etherized and put in proper position, an incision an inch and a half long was made in the perinæum, and fortunately soon reached the end of the bougie. The urethra being opened, a large catheter was readily passed into the bladder. A smaller silver catheter was now attempted to be passed upwards, but came out in the glans at the side of the meatus. This was found to be a cartilaginous and rigid false passage, and any further effort was desisted from. A female silver catheter was put into the bladder through the perinæum, and a small elastic one fastened into the upper portion of the urethra. Four days later, a larger bougie could be got through the *vias naturales*. This was followed up day by day until, on June 5th, a No. 5 silver catheter was entered at the meatus, and passed through the entire urethra into the bladder and left in.

His ultimate cure was now only a question of time; but in this case syphilis had reduced him to a very poor state for healing. Constitutional treatment was given, with manifest improvement; but it was nearly four months before the wound in the perinæum closed. The largest silver catheters were meanwhile passed through the urethra, and, on being discharged, he was given an elastic one to pass frequently himself.

CASE II.—*Extravasation of Urine, with Extensive Sloughing of Perinæum; Perineal Section; Recovery.*—(Under the care of Dr. Cheever.)—July 24th, 1865. Thos W., æt. 54, has had stricture since he was 18 years of age. Has latterly been in the habit of drawing off his urine himself, with a catheter; has now been unable to introduce it for three days. Efforts have been made by his physician, without avail. No attempt had been made to relieve the bladder except *per vias naturales*. Now, as a consequence of three days retention, the urethra has burst in front of the triangular ligament, and extensive extravasation taken place. Bladder reaches to umbilicus. Perinæum hard, livid and distended to the size of a man's wrist. Scrotum as large as an infant's head; penis much swollen; both scrotum and penis very dark and congested. Prostration and agony very great. Patient having been seen late in the evening, it was thought best to relieve bladder first through the rectum, which was done, and about two quarts of ammoniacal and bloody urine drawn off. A free incision was now made in the perinæum, and it was found so much sloughed that the finger could be swept all round through broken-down tissues, the whole circuit of the pubic arch. A long, free incision was also made in either side of the scrotum, down to the tunica vaginalis. As a consequence of these incisions, three fourths of the swelling disappeared. The patient was stimulated, and given forty drops of laudanum.

July 25th.—Pulse 98, and of fair volume; has taken a good deal of beef-tea. Under ether, perineal section was performed, and after some difficulty, owing to the broken-down condition of the parts, a catheter was got into the bladder, drawing off a pint of bloody urine. A smaller catheter was passed through the penis to the perineal aperture, but could not be depressed enough to enter the bladder, owing to the infiltration and rigidity of the penis. Prepuce and scrotum black and sloughing.

26th.—A pretty comfortable night, but catheter slipped out of place early in morning, since which great suffering. Instrument replaced.

27th.—It has again slipped out. After great trouble, under ether, an S-shaped silver catheter was got into bladder, and fastened.

28th.—More comfortable. Urine clear, and runs freely. Improving.

29th.—He was removed to a patent bed, and a rubber tube attached to the S-shaped silver catheter, so as to protect the bed.

30th.—Sloughs beginning to separate. Urine free, and very ropy. Slept well.

Aug. 5th.—Improving greatly. Sloughs come away. The urethra having been heretofore dilated by smaller instruments day by day, a No. 12 silver catheter was passed through the entire urethra into the bladder, and retained. Bladder to be washed out daily.

12th.—He was going on well. The catheter was cleaned and replaced. Wounds all granulating.

15th.—A general eruption of boils, for which he was given iron.

25th.—About a month since extravasation took place; he is doing extremely well. Wounds filling up. Catheter retained through whole urethra. It is now, apparently, a question only of weeks for his entire recovery; but when brought to the hospital it was a question of a very few hours between life and death—hours which had been wasted in irritating attempts to pass a catheter after extravasation had taken place!

Case III.—*Perineal Abscess; Gradual, and afterwards sudden Dilatation of Urethra; Recovery.*—(Under the care of Dr. Buckingham.)—Jan. 12th, 1865. Patrick B., æt. 37, seventeen years ago fell from a scaffold, striking on the perinæum, which was followed by extravasation of urine. Operated on for perineal section by Mr. Skey, of London. Since then little trouble until a week ago, when he had retention, and has been growing worse since. Three days ago, noticed a swelling in perinæum, which gradually increased when he tried to force his water. Now, tumor as large as a hen's egg; hard, but not painful. House-surgeon being unable to pass catheter, owing to false passages, &c., put him in a warm bath, with an opiate enema, when he was relieved.

Jan. 13th.—Dr. B. passed Nos. 3, 5 and 6 elastic catheters into the bladder.

14th.—The abscess burst spontaneously, with a scanty discharge. No. 6 elastic catheter passed and left in.

By Jan. 17th, a No. 12 elastic was got into bladder, and continued daily until 29th, when he had a febrile attack, and great difficulty in introducing catheter.

Feb. 1st.—A No. 12 silver catheter introduced pretty easily. Perinæum still discharging.

10th.—A No. 8 elastic only could be got in, although catheterism had been continued. A dilator was introduced; this was followed by increase of soreness and perineal trouble.

20th.—But little discharge from perinæum; passes a moderate stream himself.

March 1st.—No discharge from perinæum for three days. Moderate stream of urine.

10th.—Etherized, and dilator used to break down remains of the old stricture, after which a No. 12 sound was passed into the blad-

der. This was followed by some pain. Instrument continuously passed and left in, until 28th, when he could pass a No. 12 catheter himself without difficulty, and the perinæum was quite sound. He was discharged well, with a catheter, and directions to pass it every few days on himself.

CASE IV.—*Old Stricture, Perineal Fistula and Abscess of Scrotum; Perineal Section; Great Improvement.*—(Under the care of Dr. Buckingham.)—Feb. 24th, 1865. Albert C., æt. 29, has suffered from stricture for many years. Thirteen months ago had an abscess burst in perinæum; six months later, a second one. Through these openings he has passed the greater part of his urine since, only a few drops coming by the meatus. Ten days ago, had chills, followed by pain and swelling of scrotum. Present condition.—Constitutional state quite feeble. Red, fluctuating swelling on left side of scrotum. Two sinuses in perinæum, to the left of the median line; one in the perinæum itself, the other in the spongy portion of the urethra, higher up. The patient was etherized, and a long incision made in scrotum, letting out a large quantity of fœtid pus. The testicle and coverings protruded through the opening, but were returned and retained by two sutures. Attempts to introduce any instrument into the bladder, either by the meatus or the fistulæ, failed. The fistulæ were laid open into one.

March 1st.—He was etherized, and all attempts to introduce the smallest instrument through the urethra having failed, a long incision was made in the median line of the perinæum, and the urethra sought for, without a guide. Owing to the old and firm infiltration and the false passages, the dissection was a prolonged one, but the urethra was finally reached, and a large-sized catheter put into the bladder. The stricture below the glans penis was then divided, and a catheter passed in at the meatus and out at the perineal section, and fastened to that in the bladder.

2d.—Chills. Pulse 92. Tongue dry. Etherized; catheter taken out, washed and replaced.

6th.—Pulse 96. Tongue still dry. Some improvement. Patient's constitution impaired by repeated attacks of intermittent fever. Bladder washed out. Silver catheter passed through entire length of urethra into bladder. Chills were followed by redness and swelling over left thigh.

12th.—Swelling subsiding. Urine mostly by catheter. Expresses much relief since catheter passed through the whole urethra. Pulse 84. Tongue cleaning. Tonics. Stimulants. Good diet.

23d.—Acute attack of fever and pain in right side.

30th.—Very comfortable. No water by perinæum last night. Catheter still in bladder. Urine, which was loaded with mucus, much improved. Scrotum healed. Perinæum contracting.

April 14th.—After sundry attacks of intermittent and of pleurisy,

the catheter through the urethra caused so much uneasiness that it was obliged to be withdrawn. A female (Sims's) catheter was introduced through the perinæum.

22d.—Prostration; chills; sweats and weakness. Will not allow any instrument to be introduced.

26th.—Evidences of effusion in chest.

May 10th.—No catheter since April 22d. Lower perineal fistula closed by nature. Urine passes by upper fistula in spongy portion. Orifice of urethra closing. Irritable and feeble. Will bear no catheter.

May 25th to June 1st.—An attack of dysentery.

June 6th.—Out of bed, hobbling round. Effusion in chest is being absorbed. Chills and dysentery better. Urine as before, by upper fistula. Will hear to no instrument.

24th.—Has eloped.

It seems probable that he could have been wholly cured, had he had strength and patience to persevere. He was, at any rate, rescued from a position of considerable danger, and made far more comfortable; while nature herself closed the lower fistula, and showed signs of effecting an exit for the urine by the natural passage.

BI-SULPHITE OF SODA AS A REMEDY IN MEASLES AND SPOTTED FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

Post Hospital, Galloupe's Island, October, 1865.

Desiring to convey to the profession my testimony as to the efficacy of bi-sulphite of soda in certain diseases, I will refer to some cases in which it has been exhibited at this hospital. I have used this remedy with success in measles, and in spotted fever with such results as to warrant its further trial. I have known of its being the only drug administered in a case of confluent smallpox, which recovered. At the time I assumed charge of this hospital, February 20th, 1865, the garrison consisted of five companies 13th Regt. V. R. C., about 450 men. There were in addition more than a thousand recruits, the majority of them from Maine, which State at that time being deficient in her quota, sent the most recruits here. The barracks devoted to the recruits were crowded; originally built to accommodate 100 men, during the months of January, February and March they often held 150, and some days 180, and this state of things continued, not with different bodies of men, but with the same lot, because no transport came to take them to the front; either government could not spare the vessels, or they did not need the men. The season was the most inclement of the year, and the recruits, having no duty to call them out, remained in the barracks, day and night, huddled around the stoves, or sleeping on the

boards in their one blanket. Once a day, however, if it was not stormy, they were all taken out at evening dress parade. Though the barracks were thoroughly policed every day, they would soon become dirty again, and at night the air was exceedingly foul. Men would stop the apertures of ventilation on account of the cold. Spotted fever and cerebro-spinal meningitis made their appearance; measles also became epidemic. I distinguish between spotted fever and cerebro-spinal meningitis, as in the former disease there was no soreness or stiffness of the neck, and where there was the stiffness of the neck, and occasionally opisthotonos, I never saw any spots. There were other differences, but that of which I have spoken was the principal one, and sufficient to lead me to make use of the different designations in my official reports. In the barracks occupied by the garrison, not a case of either disease has at any time occurred, nor of measles, and in fact very little sickness of any kind, unless I except the chronic ailments to which men in garrison are subject. I must here state that no blame can attach to the military authorities of the island on account of the crowded condition of the barracks; every possible measure was adopted to lessen the number of men, and to enforce sanitary regulations; in consequence of my representation of the state of affairs in my first monthly report, a Commission was sent on to investigate. The result of their examination was a recommendation to *enlarge the hospital*, already large enough for all ordinary occasions. The Commission could not see the propriety of urging the removal of the recruits, failing to recognize the truth of the old maxim, "an ounce of prevention is worth a pound of cure." In due time the men were mustered out of service, after a brief military career on Galloupe's Island, the war terminating before they reached the tented field.

First, with these favorable, predisposing influences, measles, when it did appear, of course became epidemic. It was confined almost entirely to the Maine recruits, most of whom had not had it in childhood. For nearly two months the average was from three to eight new cases a day, more or less violent, according to the constitution of the patient. Previous to my taking charge of the hospital, the treatment had been rather of the expectant kind, such as a cough pill or mixture, *ter die*, palliatives for the coryza, ophthalmia and other common symptoms. I pursued this course for some time, but soon found that the patients did not recover readily; pneumonia supervened, too often followed by a long and dangerous sickness—deafness and otorrhœa, obstinate and long continued, cough, and persistent debility. My attention happened to be called to the exhibition of bi-sulphite of soda in measles. I immediately commenced its use, with the most gratifying results. The duration of the disease was materially shortened—the average time in hospital being reduced to six or seven days. Not a case occurred in which deafness followed, very few in which pneumonia was a sequela, while

the cases throughout were generally mild, easily managed, and thoroughly recovered. My formula was:—Bi-sulph. sodæ, ʒ i.; ad syrup. simplicis (occasionally syr. scillæ, or aa. p. e.) ʒ i. Of this I gave to a newly-admitted case f ʒ i. every two hours until 9, P.M., when I usually omitted it till morning, perhaps prescribing for the night a pill containing a grain each of opium and ipecac. In a day or two, I reduced the dose to the same quantity twice or thrice a day, according to the progress of the case. The only diet was gruel. Pursuing this course of treatment, I found that I discharged men about as rapidly as I admitted them, that there was always room for one more; but finally six or eight new cases occurring daily, I was obliged to take a barrack for convalescents. From March 1st until May 12th, I had 141 cases of measles; deaths, 9, 6 of them occurring before I commenced the use of the bi-sulphite. Pneumonia was the cause of death in each case.

In the number of this JOURNAL for Sept. 7th, the case reported as XVI., W. L., was one of spotted fever, with no stiffness of neck or cerebral symptoms; admitted on the 6th March. He had the ordinary treatment for measles. On the morning of the 11th the eruption disappeared, but the case had a peculiar aspect which I hardly understood, not suspecting the advent of the fever. At noon, however, I recognized it, and endeavored to save him by stimulants, but he died at 7, P.M. He had no bi-sulphite, as I had not begun to use it. This was a well-marked case of spotted fever, and the fact that he lay upon the bed occupied by Case VIII. had probably not much influence, for the same bed had been used by many men after Case VIII. left it, who did not have the fever. The room was small, and there were in it four other cases of measles, and I presume that the windows were closed on the night of the 9th. I always insisted upon their being raised enough to ventilate the room, but the moment the patients were left alone they would close them—the recruit being only a soldier in embryo, not having learned the value of pure air.

I will now refer to cases of spotted fever. In the number of this JOURNAL for Sept. 7th, Case XI. is selected. This case is peculiarly interesting, because its duration gave the opportunity of witnessing all the phenomena of the disease. Instead of dying, as usual, within forty-eight hours, the patient rallied from the first overwhelming shock of the attack, and presented many interesting symptoms. The "stinging pains in the arms and legs" were common to all of the cases, as soon as the spots began to appear on the extremities. There was almost invariably vomiting, pulse hardly perceptible, intellect clear. Purposing to vary the usual treatment, I prescribed for this patient the following injection:—Spts. frumenti, ʒ iij.; quiniæ sulph., gr. x. This, after being retained a while, brought away a heavy discharge of dark and exceedingly offensive fæcal matter. This injection was repeated again that day, with a similar result, when the

pulse became stronger, though the spots increased and began to coalesce. Egg-punch was given throughout the day. The second day he had evidently rallied, but began to lose the power of sight. I think the blindness was produced by an extravasation behind the retina, similar to that under the skin. The treatment after that was stimulating, viz., carbonate of ammonia, brandy-punch, nourishing diet; afterwards, quinine, then iron, cod-liver oil, and anodynes *pro re natâ*, until March 29th, when I began the exhibition of bi-sulphite of soda. During this time, over a month, the suppurating surface of the fore-arm, and sores on the legs, were dressed daily. The blindness was not removed at all, though at times he could distinguish light; but when he finally left us he was entirely blind. April 2d, very severe soreness of throat set in, attended with much salivation—he took no mercury in any form during his whole sickness; this was treated with ordinary gargles, and in the course of a week or two subsided. Then he had diarrhœa, which yielded in a week or so to appropriate treatment. He continued to take tonics and the bi-sulphite until May 15th, when he was taken home, blind, in a state of considerable emaciation, his arm healed, and his legs slowly improving. I have only heard from him once since, when, in June, he continued to improve, but had not recovered his eyesight. The course of the case throughout was exceedingly slow and tedious, with scarcely any improvement from day to day. His appetite was constantly good, in fact almost ravenous; his spirits were remarkably good. Blind, totally helpless, covered with sores, he would lie on his back and swear with great energy, if the attendants were remiss, would laugh, and divert many a poor sufferer with his jocular remarks; his pluck was wonderful, and perhaps saved his life.

Case XIII., Dr. G. A. P., was also very interesting. The symptoms on admission were as usual; I think there was no stiffness in the neck, but pain in the region of the ear where the abscess occurred. As soon as he was admitted, I commenced the exhibition of bi-sulphite, the spots appearing on the extremities, trunk, on his bald head, and the white of the eye. He took twenty grains every hour from April 11th until the 16th, when I gave him of the solution (℥ i. ad ℥ i.) one fluidrachm every hour, and so reduced it as the spots disappeared slowly, and he improved. He took no other medicine, unless it was milk-punch *ad libitum*, with generous diet, until May 7th, when I omitted the bi-sulphite, the abscess healing, and improvement general, intellect clear. I then gave him citras ferri et quiniæ, accompanied with porter, until May 15th, when he departed, well. During the first two weeks he had delusions, and was more or less delirious, evincing a remarkable disposition to crawl under his neighbor's bed, where in a state of nudity it delighted him to remain.

Fearing to encroach longer on the patience of your readers, I will refrain from reviewing the remaining cases.

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Post Surgeon, Galloupe's Island.

IMPERFORATE HYMEN.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I do not communicate the *case* with the expectation of presenting anything new to all of your many readers, although I am aware that there have been many, and that there are some physicians who are sceptical as to the reality of such a condition of any female at the age of puberty. In past times many authors and journalists of medicine have earnestly, and with no small measure of vehemence, discussed the delicate question at length and profoundly. Jurists have differed in their instructions in medico-legal lore; judges have sometimes ruled and charged adversely, and juries have rendered their verdicts from time to time in accordance with the opinion or leaning of the court to this side or that. I offer this simply as a record of what it has been my lot to observe in a case under my notice.

Several years since, I was called in great haste to visit Miss H., who, it was stated, was suffering severely with "colic." "They had fears she would not live"; she was "vomiting badly." Miss H. was in her 17th year, had a light complexion, light hair, blue eyes, nervous temperament, and was quite tall, lean and anæmic; chest flat and narrow; shoulders inclined forward and stooping. I found her in bed, with her lower extremities drawn up, groaning and writhing, occasionally vomiting. Her countenance was ghastly pale. The feet, hands and general surface were cold. The pulse was small, quick, and easily compressed. The tongue was heavily covered with a yellowish-white coat. There was much prostration, and it seemed to me then that collapse was near at hand. The impression made upon my mind at that time is vivid in my memory; it was in my earliest years of practice, and I had seen many cases of cholera, which undoubtedly led me to think of exhaustion and collapse. I found a mustard plaster over the chest, a bag of hops dipped in hot water over the abdomen, and bottles of hot water all around her. Many highly reputed "cure-alls" for vomiting and colic had been given, without any effect but to increase the violence of the symptoms. On removing the hops from the abdomen, I found pressure to increase the pain; and as my hand passed over the pubic region I detected an unnatural fulness. The prominence was firm, somewhat resembling a distended bladder, yet not so yielding to pressure, less elastic, less pyriform and less circumscribed. On inquiry, I learned that the urine had been passed in sufficient quantities, but with severe pain. The bowels were habitually constipated, and evacuations caused great suffering, but they had been moved with salts the day before. She had been subject to these attacks for more than a year, and they had gradually grown worse; "they troubled her every few weeks, but they had always been able to relieve her until the present attack." For the last four months she had been "gradually grow-

ing poor and miserable." She had lost her appetite, and "her mouth tasted bad all the time lately." Her breath "smelt terribly" at times, as it did at this time. She had been sick at the stomach almost every day for several weeks; had a dizzy head, and noises in her ears. Her friends were afraid she had disease of the heart, it would beat so whenever she took much exercise. She could not sleep well on account of frightful dreams, and, of late, night sweats. She had been opposed to consulting a physician, so her friends had treated her with "strengthening and driving" things. They didn't think "she was quite right as a young woman should be." In fact, she had never menstruated. It flashed upon me what the difficulty might be. I communicated my suspicions to the mother, and requested counsel with their family physician, who was absent when they called me. The late Dr. Wm. H. Allen, my old and esteemed preceptor, was accordingly summoned, and came in haste, when the necessary examination was made. A prominence was detected by touch at the vulva; by separating the labia pudendi a smooth surface presented, yielding only slightly to considerable pressure of the finger. The parts were not especially sensitive, except when considerable force was used, when the pain was greatly increased above the os pubis. It was difficult to say what the bulging prominence could be. We could *push* the digital examination no farther—the natural channel was completely blockaded. On ocular examination, the tumor exhibited a smooth, membranous surface, opaque, and looking very much like the tissue of a fresh bladder well blown up. The hymen was pierced at its centre by a lancet, and instantly a dark, grumous liquid, the accumulation undoubtedly for more than a year, exceedingly offensive to the olfactories, was ejected in a stream the size of my little finger, with a force sufficient to besmear the partition of the room, not less than four feet away. A quart of the liquid was removed from the floor, and a pint must have fallen in the bed. The relief of the patient was instantaneous. Restoratives were used, reaction soon appeared, and antiphlogistic measures were directed to relieve local inflammation, while a supporting regimen was adopted to sustain the system. Her recovery was slow, but finally complete.

C. ALEXANDER, M.D.

Malden, Mass., October, 1865.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

AUG. 28th.—*Calculus passed per Urethram.*—Dr. C. D. HOMANS showed an oxalate of lime calculus which was remarkable for its large size, it having passed through the urethra of the patient. He was a

man about 40 years old, a waiter, born in England, but who had resided in this neighborhood for fifteen years. He entered the City Hospital in the middle of June, on account of incontinence of urine, which for two months had obliged him constantly to wear a bag. He was treated in the medical ward for a few weeks, but in the beginning of August was transferred to the surgical pavilion, the sound having detected the presence of a calculus in the neighborhood of the prostate gland. It was directed that his bladder should be washed out with cold water every second morning, and that he should take ten grains of carbonate of potash three times a day. The urine soon became alkaline, and the irritability of the bladder somewhat lessened. Aug. 20th, he complained in the evening of much pain in the penis, with a constant desire to pass his water, which only came in drops. Opium was given for the relief of the pain to the extent of four grains during the night. In the morning there was entire retention of urine, and on passing the catheter a calculus was felt at the junction of the first and middle third of the urethra, which was extracted by means of forceps by the House-surgeon, Mr. R. M. Ingalls. There was some hæmorrhage from the penis. From this time the man steadily improved in health, and can now hold his water four or five hours without inconvenience. The calculus weighed twenty (20) grains, and measured in length ten sixteenths, and in breadth seven sixteenths of an inch.

Sept. 11th.—*Glandular Proliferous Cysts of the Breast.*—Specimen shown by Dr. Hodges.

The patient was a married woman, æt. 59, who entered the Massachusetts General Hospital Sept. 8th, 1865. Twenty years ago she was thrown from a horse's back, the pommel of the saddle striking her on the right breast. Five or six years afterwards, her physician told her that a tumor was growing in that locality, although at the time nothing was perceptible externally. Six or eight years ago, it was first noticed by her husband. Within a year its increase had been rapid, and the skin had grown tense, shining and discolored. Three months since, the latter ulcerated at three different points, and its size diminished considerably in consequence. The patient's general health was at all times good, though within a few months there had been some debility and anæmia. The axillary glands were unaffected. At the time of operation (Sept. 6th) the tumor was as large as the patient's head; was broken by deep furrows into three lobes, and these again were lobulated. Its surface and the surrounding integument were traversed by large veins, but the skin elsewhere than at the point of ulceration was healthy, though thin and vascular; it was movable on the tumor, which itself was movable on the pectoral muscle. The nipple was retracted. The ulcerations were granulating healthily, and the chief discomfort experienced was from the weight of the tumor.

On examination, the disease was found to have implicated but a small portion of the mammary gland, the larger part remaining in a healthy condition. The entire gland was, however, removed. A section of the tumor displayed the characteristic appearances of the serocystic disease of Brodie; but owing, probably, to its long duration, the cysts were so filled up with the intra-cystic growth of the hypertrophied gland that their fluid contents had disappeared, and the tu-

mor had thus become solid. The cyst-walls were apparent in various places, and a single cyst filled with fluid was opened during the operation. Two larger cysts, devoid of fluid, showed their proliferous character in a striking manner, permitting their contents to be turned out from the cavity in a large mass of closely packed lobes, varying in size from that of a pea to an English walnut. The diagnosis in this case was confirmed by the microscope. The patient is now ready (Sept. 21st) to leave the hospital, the wound having healed, except in a single spot, where it is rapidly granulating.

Oct. 9th.—Dr. Hodges reported the following cases, and showed the accompanying specimens.

Salivary Calculi.—A patient, 25 years old, entered the Massachusetts General Hospital for a tumor beneath the ramus of the jaw, of twelve years' standing, hard, movable, and from which no inconvenience had been experienced until six months before her admission, when it became painful, enlarged, and easily felt within the mouth at the side of the tongue. It discharged a watery fluid at first, which subsequently became purulent. Every now and then the tumor would enlarge, the discharge cease for a short time, and then break out again, with relief. An incision at the side of the tongue permitted the release of two salivary calculi—one the size of a grain of wheat, the other not larger than a mustard-seed. The incision healed rapidly, and three months after the operation the patient was seen, and found to have been relieved entirely from the periodical attacks of swelling, while the tumor was rapidly disappearing.

Portions of Gutta-Percha Bougies removed from the Urethra.—A man, æt. 45, was operated on in England, 12 years ago, for a stricture, by perineal section, and by the advice of the surgeon had subsequently been in the habit of using gutta-percha bougies of his own manufacture, passing them from time to time through the stricture. Four months ago, he broke off a portion of one of these in the urethra. He paid no attention to the occurrence, but suffered the fragment to remain. Two days before his entrance to the Massachusetts General Hospital, he broke off the end of a second bougie, and then thought it time to secure their removal. This was done by external section, and two fragments, each one and a half inches long, were easily extracted. One of them was coated with phosphatic deposits; the other was in the condition in which it was introduced. The operation was performed Aug. 16th. On the 27th no urine escaped by the wound, and on the 30th the patient was discharged.

Remarkable Cavity in the Parietal Bone containing an Encysted Tumor.—A young man applied at the Massachusetts General Hospital for the removal of a small wen beneath the scalp, which he said was of three months' standing. Although the patient's diagnosis was probably correct, the flatness and ill-defined boundaries of the tumor, as well as the history given, were not in accordance with the usual characteristics of encysted wens. At the operation, the cyst was found to be almost wholly contained in a bulging cavity, with sharp edges, formed for it in the parietal bone, of more than half an inch in depth. The aperture of this cavity allowed but a small segment of the tumor to project above the surface of the surrounding bone, and it was this portion which alone was felt before the operation. The bottom of the cavity was formed by the internal table of the parietal

bone, so thin as to spring under pressure. The cyst was in all probability a congenital one, and afforded a striking instance, in an unusual locality, of the depression in the parietal bone which sometimes accompanies congenital encysted tumors of the circum-orbital region.

A cast of the cavity from a mould in gutta percha, made at the time of the operation, was shown to the Society.

Compound Dislocation of the Semi-lunar Bone of the Carpus.—A master carpenter jumped about three feet to a staging, one of the boards of which gave way and precipitated him headlong into a cellar eight or ten feet below. Throwing out his hand to save himself, he struck his right wrist among a quantity of loose stones. The result was a compound dislocation of the semi-lunar bone of the carpus, through a transverse wound on the palmar aspect of the wrist, of about two inches in length. The bone lay in the wound, and was retained only by a few shreds of tissue, from which it was easily detached. The cuneiform bone was loosened from its position, and two small fragments of it, broken away, remain attached to the semi-lunar bone by the short connecting ligaments, as the specimen still shows. This bone was easily replaced, and was therefore not removed. Neither radius nor ulna were injured, and, with the exception of the cuneiform bone, no other lesion of the bones existed. None of the tendons were ruptured, and there was neither swelling nor apparent deformity. There was an unnatural mobility of the wrist-joint on manipulation of the fore-arm and hand, and the fingers easily detected the void occasioned by the dislocated bone, especially upon the back of the wrist. The bone was removed by Dr. Hodges, in consultation with Dr. Cutter, of Woburn (in whose practice the case occurred), about four hours after the accident. The arm was put up in a curved splint fitting the back of the fore-arm and hand, and was kept cool by water-dressings at first and subsequently by irrigation from an apparatus extemporized by Dr. Cutter for the purpose. Six days after the accident the arm began to inflame and swell, and on the eighth day free incisions were required on account of extensive inflammation and suppuration of the cellular tissue, extending as high up as the shoulder. The pulse was 120, and there was some delirium. On the ninth day there was temporary improvement, both locally and generally, so that the patient was able to attend to some affairs of business, but his strength gradually failed, and he died on the tenth day after the injury.

The rarity of compound dislocation of a single carpal bone, except as the consequence of gun-shot or machinery wounds (when, in view of the general injury, it becomes an incident of secondary importance), is admitted by all writers. Malgaigne mentions, as a matter of great curiosity, a single observation of dislocation of the semilunar bone, followed by complete recovery of the use of the wrist, and which in its details is almost the exact counterpart of the one above reported. In Holmes's Surgery it is stated that the Museum of St. George's Hospital contains the specimens from a case where the semi-lunar bone was dislocated simultaneously in both wrists. Sir Astley Cooper relates an instance where the scaphoid bone was dislocated by a machinery accident. Dr. H. J. Bigelow has reported an instance of compound dislocation of a single carpal bone to this Society. Erichsen says a simple dislocation of the semilunar bone has been seen by him a single time. All these dislocations, with the exception of Cooper's,

were caused by a fall from a height upon the palm of the extended hand. That it should be the semilunar bone which has been dislocated so many times is singular, and would seem to indicate a greater readiness to dislocate in that bone than in its fellows.

Bifid Uterus and double Vagina.—The subject of this deformity was a patient 57 years old, who died of a cancerous tumor occupying the left iliac region. She had always been healthy until this disease made its appearance. There had been nothing unusual with regard to menstruation, which ceased at the age of 40. She had given birth to three children; her labors were always severe—the last one unusually so; this occurred twenty years before her death, and was achieved without instruments. The two previous confinements were protracted, but whether there was any abnormal presentation, or if instrumental aid was required, is not known. Her husband, during the patient's life, was ignorant of the fact that any unnatural condition existed. When pregnant, and whilst lactation was going on, menstruation was always suspended.

At the autopsy, the malformation was revealed for the first time, though there were some reasons for thinking that its existence had been known to the patient herself.

On examining the organ, it was found that there were two vaginæ, about equal in size, the left one perhaps a little the largest, and similar as to walls, rugæ, &c. They extended from just within the vulva to the uterus, and were separated by an interval filled with compact cellular tissue. Close to the uterus the vaginæ communicated with each other through an opening about one fourth of an inch in diameter. From each vagina a probe passed into a separate uterine cavity. The os uteri in each vagina was small and imperfectly developed, as also was its orifice. The organ, as thus composed, was hardly larger than the normal uterus, but, about one and a half inches from the os, it bifurcated into two symmetrical cornua, as large round as the forefinger, and about one and a half inches long; these terminated in the Fallopian tubes, which, with the ovaries and broad ligament, were natural. There was but one ovary to each cornu. The cornua were covered with peritoneum, except where the two layers of the broad ligament separated, and it also covered what might be called the fundus of the compound portion of the uterus. There was nothing to indicate that one side of the uterus had been impregnated and not the other, unless it was the greater capacity of the left vagina.

For an account of the above remarkable case the Society is indebted to Dr. A. B. Hoyt, late Surgeon 25th Mass. Vols., from whom Dr. Hodges received the details, and in whose behalf they were communicated.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 26, 1865.

THE HOURS OF LABOR.—The Commission appointed by the Governor to consider this important question has issued a circular letter, asking information on certain points relating to the subject, and appoint-

ing an early day for a public hearing at the State House. A copy of this has been addressed, we believe, to every member of our State Medical Society, but for the benefit of our numerous readers out of Massachusetts we re-publish it, hoping that they may be induced to extend similar inquiries as to the systems of labor which prevail in other parts of the country.

BOSTON, October 9, 1865.

DEAR SIR,—The Commissioners on the Hours of Labor, appointed by the Governor and Council, under the Resolve, Chapter 62, of the General Court for the year 1865, are desirous of collecting information relating to the subject. For this purpose, a hearing will be held at the State House, on Thursday, the 26th of October, at 9 o'clock, A.M., which you are hereby invited to attend. If, however, your convenience will not allow you to be present at that time, will you favor the Commission with information, by letter, in regard to the following points, if within your knowledge.

1. The number of hours daily required of the laborer in the different occupations pursued in your vicinity, with the reason of the difference in hours, if any exists.

2. The employment of children at in-door occupations, and whether they are kept out of school by their parents or employers, in consequence of their work; the rate of wages paid them, as compared with adults, and any other particulars which may occur to you concerning the subject.

3. The occupation and wages of women as compared with those of men; and particularly the wages and condition of that large class of female laborers called needle-women.

4. The *actual* results of overwork in any occupation on the health of mind and body, and the duration of life among laborers.

5. The means in your vicinity for laborers to use profitably the time gained by any reduction in the hours of labor, and whether such a reduction would tend to increase vice and crime.

6. The effect of a reduction on business, on the investment of capitalists, and the price of commodities; and whether it would lead in most cases to special contracts with the laborer, or the custom of working by the piece.

If you can answer any of these questions, and not the whole, it will be regarded as a favor for you to give us information on so many points as you can, or any others relating to this subject, which have not here been stated.

For the Commission,

F. B. SANBORN,
HENRY I. BOWDITCH,
WILLIAM P. TILDEN.

As will be seen by the tenor of these questions they are addressed not only to our profession, but to those whose interests are practically affected by them as well as to the so-called theoretical reformer and philanthropist. If reform is needed in this direction, it is to be accomplished in some such way as this, as the result of information derived from all sources and considered in its scientific, economic and moral relations. That it is needed or that it is desired by the laboring classes, no one can doubt who is familiar with the rapid decay of life, or who bears in mind the evil results and frequent occurrence of "strikes" among certain portions of them. Leaving to others the

discussion of the difficult question of the causes of their present condition and the means to correct it, there still remains for our own consideration the equally important inquiry as to the amount of labor compatible with man's healthy and full existence as a working being merely, without reference to the higher matters of his moral and intellectual improvement. For if we can convince the over-exacting employer, whether a powerful and "irresponsible" corporation or a hard-hearted, petty contractor, that the man or woman who is overworked to-day cannot work as well to-morrow, and that the laws of health are the most profitable laws to observe, we shall have successfully used the most influential of all arguments. We trust that the profession will return to the Commission such information as it alone can impart on several of the inquiries bearing upon this point, and that the whole subject will receive from the community the attention which its importance deserves.

DEATH OF PROF. CHANDLER R. GILMAN.—At a meeting of the Trustees of the College of Physicians and Surgeons in the city of New York, held on the 10th inst., the death of Chandler R. Gilman, M.D., Professor of Obstetrics and the Diseases of Women and Children, having been announced, it was—

Resolved, That the Trustees of this College have heard with deep regret of the decease of one of its most eminent professors.

Resolved, That during the long period during which the late Dr. Gilman had taught in this College, the talent, earnestness and zeal with which he has devoted himself to the instruction of its pupils has always secured him their entire respect and admiration; and the uniformly urbane and considerate manner of his association with his class has equally entitled him to their affection and good will.

Resolved, That these resolutions be published in the daily papers, and a copy transmitted to the family of the deceased.

EDWARD DELAFIELD, M.D.,
President.

GURDON BUCK, M.D., *Registrar.*

At a meeting of the President and Faculty of the College of Physicians and Surgeons of New York, held Oct. 16th, the following preamble and resolutions were unanimously adopted:—

Whereas, it has pleased Almighty God to remove from this world our friend and colleague, Prof. Chandler R. Gilman, while humbly bowing to this dispensation of an All-wise Providence, we, who have shared his toils and witnessed his devotion to the exalted duties of a self-sacrificing profession, may be permitted to give some public expression to the feelings that so sad an event cannot fail to excite:—

Therefore, *Resolved*, That in the death of Dr. Gilman this institution has lost an able, successful and distinguished teacher; its officers an intimate, tried and endeared personal friend; the medical profession a wise and trusted counsellor, and the community a learned and deservedly eminent physician, a profound thinker and a great and good man; That, while from the chair, which for twenty-five years he has adorned, he has eloquently taught the true principles of medical science and has distinguished himself as a leader in scientific progress, he has no less, in his blameless life, honorable character, general sym-

pathies, reverence for truth, respect for the rights of others—in his graceful literary attainments, in his faithfulness and zeal in all professional duties, and in his jealous watchfulness over professional purity and honor, left an example worthy the imitation of the thousands who have listened to his teachings and cherish his principles; That to his bereaved family we tender our heartfelt sympathy, invoking for them Heaven's choicest consolations, and assuring them that we shall ever cherish in our hearts pleasant memories of his life and labors.

J. C. Dalton, M.D., *Secretary of the Faculty.*

Action of the Worcester District Medical Society on the Death of Dr. John Green.—At a meeting of the Worcester District Medical Society, called last evening to testify the respect of the Society to the memory of Dr. Green, Dr. Sargent, president of the society, introduced the business of the meeting with the following remarks:—

"I have considered it my duty, as president of the Worcester District Medical Society, to call a special meeting of the society in commemoration of the death of our venerable and distinguished associate, Dr. John Green. There is no one of us who is not ready to testify respect for his memory.

"Identified with all the early history of the society, Dr. Green had ceased to take an active part in our meetings before most of those now present had entered on the field of action; but all of us are familiar with his reputation, and to many of us he was a valuable counsellor and an esteemed friend. Descended from medical ancestry and early trained to the practice of the profession to which he devoted his whole life, he was eminently a practical man. With a modesty which is worthy of imitation, and which was always characteristic, he was in the habit of speaking of himself as having cultivated the Art of medicine, while some of his colleagues, more favorably situated for study, had cultivated its Science. But all of us recognize that his large experience, his judicious observation and his ready generalization had made his own practice a science by itself. All of us who knew him well can recall illustrations of this fact. He diagnosed the locality and the limits of acute thoracic disease by the vibrations communicated to his fingers, supplying the defect of his hearing by digital auscultation. He first stated the analogy between the spotted fever of the early part of this century and the cerebro-spinal meningitis of the last twenty years. No *post-mortem* examinations within his observation had illustrated the pathology, but his close observation and retentive memory recognized the likeness. Who of us was not struck with his remarkable diagnosis of abscess in the anterior mediastinum by subsidence of pus and extension of inflammation from disease in the mastoid cells—as proved at an autopsy a few years since. He had 'seen a similar case about thirty years ago.' But I will not enlarge upon details whose history would require elaborate medical eulogy.

"Our venerable colleague has departed. His well rounded life has completed its earthly circuit. His work is finished, and the commendation which it receives is the best reward of the good physician.

"I have called the society together that we may testify a proper respect to the memory of our venerable and distinguished colleague."

Further remarks were made by Dr. Workman and by Dr. Clarke, Dr. Workman alluding to the professional history, and Dr. Clarke to the valuable intercourse and ready assistance which all of us had so often had with Dr. Green, and enlarging upon his sagacity, shrewdness and good judgment. After which the following resolutions, introduced by Dr. Workman, were unanimously adopted:—

Resolved, That in the death of Dr. John Green, the Worcester District Medical Society has been deprived of one of its most worthy and distinguished members, an honored ex-president and an early benefactor.

Resolved, That we shall ever cherish a grateful remembrance of him as a kind and generous friend and associate, a patron of true science, an able and good physician, a beneficent citizen and an honest man.

Resolved, That we mourn his departure from us, and tender our sympathies to his relatives and friends in their bereavement.

It was voted that the foregoing resolutions be adopted and entered upon the records of the society, and a copy of the same be communicated to the friends of the deceased.

Asiatic Cholera—Precautionary Measures in Boston.—In the Board of Aldermen, on Monday, 23d inst., the Report of the City Physician on Asiatic Cholera was taken from the table, and the following resolutions and orders in relation to a sanitary visitation, were adopted:—

Resolved, That in view of the necessity of more systematic and energetic measures to remove from our city, as far as possible, those causes and sources of disease which are in constant operation within itself, as well as to place it in a proper state of preparation for the epidemics which occasionally visit it from abroad, it is therefore—

Ordered: 1. That the Chief of Police is hereby directed, under the advice of the City Physician, and in conformity to the accompanying blank forms of return, to cause a thorough and systematic examination of the *whole city*, to be made by the Police Officers in their respective districts, in order that accurate information may be had of its sanitary condition, and the necessary means taken for its improvement.

2. That the Police Officers of the Districts, or those who may be specially detailed as Health Officers for the purpose of executing this order, shall carefully inspect and report to the Chief of Police, in writing, all streets, lanes, courts, passages, common stairs, houses, rooms, cellars, yards, or vacant lots, which require cleansing; and in cases where, from any cause, *frequent cleansing* is required, they should specify the fact.

They shall also report all cases where the drains, cess-pools, or privies are in a state injurious to health. They shall also report any cases of prevailing sickness, especially where there is great overcrowding, or unusual destitution of the necessaries of life.

They will also report all cases of *death* which occur in families living in single rooms or confined apartments, especially when the death has been from any malignant or contagious disease.

3. When any nuisance or other source of disease is discovered, notice, in the proper form, is to be served upon the owners or occupants

forthwith to abate the same, and in case of refusal or neglect for a period of twenty-four hours, the Chief of Police is authorized and directed to cause the same to be abated or removed *in the most summary manner;* and he is hereby authorized to call upon the Superintendents of Health, of Streets, and of Drains, to aid him in such removal.

The expense of such removals or abatements of nuisances (of which an accurate account is to be kept) shall be chargeable to the owners or occupants of the premises.

4. These measures shall be so continuously pursued as to prevent, as far as possible, any re-accumulation of the causes of disease now sought to be removed, and each officer will be considered strictly responsible for the sanitary condition of his assigned district.

5. All persons, acting under and by the authority of this order, are hereby authorized to enter upon and into any premises which it may be necessary to visit in compliance with its provisions; but their object in so doing must be first stated to the occupants, and all unnecessary annoyance to them most carefully avoided.

MEANS OF AVERTING DEATH FROM CHLOROFORM.—Dr. J. Bullar, of Southampton, states that a plan has been successfully practised in the hospital of that place, for reviving those who are sinking from the administration of chloroform. This plan consists in the assistants at the operation striking the patient with the flat hand in the most vigorous and rapid way on all exposed parts of the skin (the trunk, the legs, the arms, and the face), and to continue this until the pulse and breathing return. The mouth is also kept open and the tongue drawn forward.

In one case, which Dr. Bullar briefly notices, he says:—"It is difficult to estimate the time, but certainly from five to ten minutes elapsed before the heart acted, and not until both legs were blue with ecchymoses. Had not the staff of the hospital had faith in this remedy, the case at one time seemed so hopeless that other plans might have been attempted and time lost; but this faith is necessary for perseverance. Every part of the skin should be rapidly exposed, and every one should assist and strike with his flat hand as sharply and rapidly as he can, and continue it.

In this instance the immediate local effect in filling the parts of the skin which were struck and around them with red blood whilst the heart and breathing had ceased, shows that this plan is a stimulus of the reflex nervous function of a very vigorous kind, which can be immediately applied to the cutaneous ends of the nerves over a large surface without any apparatus, and with the greatest ease.

As the sympathetic nerve presides over the capillaries, and over the heart, the excitement of both by this means is readily explained by the direct communications of the ganglia of the sympathetic with the roots of the spinal nerves. According to the doctrine of the correlation of forces, the mechanical force of the hands of the strikers is converted into the nerve-force of the patient, and is conveyed by the sensitive nerves of the skin to the spinal cord, and is reflected from it, through the sympathetic, to the heart and capillaries.—*Amer. Jour. of the Med. Sciences,* from *Med. Times and Gazette.*

Dr. O. M. Langdon, Superintendent of the Longview Lunatic Asylum, in Ohio, has been re-elected by the Trustees for a term of six years. Dr. Byron Stanton, late a surgeon in the Army, has been elected Superintendent of the Northern Ohio Lunatic Asylum.

The Miami Medical College of Cincinnati, as may have been observed by its advertisement in late numbers of this Journal, has fixed a matriculation fee of $15, and makes no charge for Professors' tickets.

Drs. G. B. Bullard, of St. Johnsbury, Vt.; G. A. Torbet, of Cannellton, Ind.; Alexander Cochrane, Westfield, N. Y.; D. W. Maull, Wilmington, Del.; J. C. Cawood, Danbridge, Tenn.; and S. C. Rogers, Toledo, Iowa, have been appointed Pension Examining Surgeons.

Dr. George H. Hubbard, formerly Editor of the *New Hampshire Journal of Medicine*, and late Lieut-Col. and Surg. U. S. Vols., has just received an honorable discharge, and has permanently located himself at Lansiuburg, N. Y.

Drs. Wm. B. Casey and T. H. Bishop, who have been engaged as government surgeons at the Knight Hospital, New Haven, Conn., for nearly two years past, have been honorably discharged, and the hospital closed.

Dr. T. C. Brismade, of Troy, N. Y., offers a premium of $100 for the best essay on Medical and Vital Statistics, with a plan for Hospital Reports and Records of Private Practice, and a draft of a Registration Law. The essay is to be handed to the Committee of the New York State Medical Society on Prize Essays by the 15th of December next.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 21st, 1865.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	31	47	78
Ave. mortality of corresponding weeks for ten years, 1853—1863	35.1	36.7	71.8
Average corrected to increased population	00	00	78.30
Death of persons above 90		1	1

Communications Received.—Address before the Franklin District Medical Society.—Case of Cerebro-spinal Meningitis.

Books Received.—Researches on the Medical Properties and Applications of Nitrous Oxide, Protoxide of Nitrogen or Laughing Gas. By George J. Zeigler, M.D. Philadelphia: J. B. Lippincott & Co.—Materia Medica for the use of Students. By John B. Biddle, M.D. Philadelphia: Lindsay & Blakiston.—Stimulants and Narcotics; their Mutual Relations, with Special Researches on the Action of Alcohol, Ether and Chloroform on the Vital Organism. By Francis E. Anstie, M.D., M.R.C.P. Philadelphia: Lindsay & Blakiston.—The Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women. By William H. Byford, A.M., M.D. Philadelphia: Lindsay & Blakiston.

Married.—In Woburn, Oct. 18th, Dr. R. Edwin Jameson, late Surgeon 29th Mass. Vols., to Miss Annie R. Ingalls, all of W.

Died.—At East Boston, Oct. 20th, Dr. John Moriarty, for many years Superintendent of the House of Industry, Deer Island, aged 59.

Deaths in Boston for the week ending Saturday noon, October 21st, 78. Males, 31—Females 47. Accident, 4—amenorrhœa, 1—anæmia, 1—aneurism, 1—apoplexy, 1—disease of the brain, 1—inflammation of the brain, 1—cancer, 1—cholera infantum, 4—consumption, 17—convulsions, 2—croup, 2—diarrhœa, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—dysentery, 4—typhoid fever, 3—gangrene, 1—gastritis, 1—disease of the heart, 1—disease of the hip, 1—infantile disease, 3—inflammation of the lungs, 4—marasmus, 1—old age, 5—paralysis, 1—premature birth, 3—puerperal disease, 1—pyæmia, 1—unknown, 6.

Under 5 years of age, 27—between 5 and 20 years, 3—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 13. Born in the United States, 51—Ireland, 20—other places, 7.